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COUNTY COUNCIL OF THE PARTS OF LINDSEY,

LINCOLNSHIRE.

EDUCATION COMMITTEE.

SEVENTH

ANNUAL REPORT

OF THE

School Medical Officer.


1914.

R. ASHLEIGH GLEGG,

M.D., D.P.H.

Lincoln:

LINCOLNSHIRE CHRONICLE, LTD., PRINTERS, SALTERGATE.



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**To the Chairman and Members of the Education
Committee of the County Council of the
Parts of Lindsey, Lincolnshire.**

Madam and Gentlemen,

I have the honour to present the seventh annual report of the School Medical Officer. In reviewing the work of School Medical Inspection in the public elementary schools of the County, undertaken in the year 1914, first place must be given to the excellent results accomplished by the newly-appointed school nurses. They have visited the homes of those children who were found at the medical inspections to require treatment for various defects and have been able to record at the end of the year that practically 60 per cent. of the defects had been treated. This does not include treatment for decayed teeth, which the nurses have not been asked to press for owing to the absence of facilities for conservative dentistry, except in the larger towns, and to the impossibility of persuading parents there to incur the necessary expense. The Education Committee have decided to postpone for six months the consideration of the recommendation of their Medical Inspection Sub-Committee that dental treatment and treatment for children with defective eyesight be provided. The school nurses have also accomplished good work in the regular examination of school children for verminous conditions. They found it possible to get the parents of all but a few of the children affected to undertake the necessary cleansing. The parents who neglected their children in this respect were prosecuted. A disappointing feature of this work is that frequently only a few weeks elapse after cleansing before the children are again found to be verminous.

Particular attention is drawn in this Report to the importance of the subject of physical training, and suggestions are given for making it more effective. Teachers are urged to take every opportunity of holding classes in the open-air. It is hoped that before long the Committee will have special open-air schools for malnourished and debilitated children.

The Education Committee have urged the Managers of all the public elementary schools to form Children's Care Committees, in the hope that more general interest will be aroused in regard to children standing in need of treatment.

The aim of the members of the Care Committees should be to act as the friends of the parents of defective children, showing them how treatment can be obtained, and only assisting them financially when all other means have failed.

During the year there was passed the Elementary Education (Defective and Epileptic Children) Act, 1914, which makes the provision of special instruction for mentally defective children compulsory, while leaving such provision for epileptic children still adoptive. The School Medical Officer was appointed as the certifying officer for the Lindsev area, and steps are being taken to ascertain the number of children to be dealt with under the Act.

Since the outbreak of war three assistant school medical inspectors have obtained leave of absence for military medical service. This has necessitated a reorganisation of the work. The inspections in 1915 will be conducted by general practitioners.

I have the honour to be,

Your obedient servant,

R. ASHLEIGH GLEGG.

Statistics bearing on Medical Inspection.

Area of the County	...	...	...	963,800 acres
Estimated Population in 1914	...	...	...	249,310
Number of Schools	...	...	...	332
Provided	...	..	...	83
Non-provided	...	..	...	249
No. of Children on Books, end of June, 1914	...	...	...	38,218
" " " " " 1913	...	...	...	38,070
Size of Schools—				
Accommodating under 50	...	...	...	50
" between 50 and 150	...	...	...	204
" " 150 and 550	...	...	...	65
" " 550 and 850	..	...	...	8
" 1,000	...	...	...	1
" 1,050	...	..	...	3
" 1,100	...	...	...	1
No. of School Attendance Officers—				
Whole time...	..	..	...	11
Part time	...	...	...	9
				£ s. d.
Annual Cost of Medical Inspection for the year ending 31st March, 1914	..	1,406	12	4
Grant from Board of Education for the same period	..	492	2	10
Nett Cost to Education Committee	...	£914	9	6
Total Annual Cost per head	...	...	...	8 $\frac{3}{4}$ d.
Nett Annual Cost per head to Education Committee	..	...	...	5 $\frac{3}{4}$ d.

School Premises.

The only new school building completed during 1914 was that of Reynold Street Council School at Cleethorpes, providing accommodation for 500 scholars.

This school is of the corridor type, with excellent lighting and free cross ventilation for each class room. In planning future school buildings an endeavour should be made to arrange for open air instruction in suitable weather. This would be possible in the corridor type of school if the class room wall on the corridor side could be replaced by a movable screen.

Structural alterations involving enlargement of the school premises or the provision of better lighting, heating and ventilation for class rooms, or better cloak room accommodation, lavatories or out-offices were ordered by the Committee to be carried out during the year in 21 Council Schools and 13 Voluntary Schools, as follows:—Council Schools: Ashby, Baumber, Burwell, Cleethorpes Barcroft Street, Crowle, East Butterwick, East Halton, Eastville, Hibaldstow, Keelby, Marshchapel, Marton, Middle Rasen, Minting, Orby, Rothwell, South Killingholme Haven, Tetford, Thorpe St. Peter, Wadingham, and Willingham. Voluntary Schools: Belton, Old Bolingbroke, Brigg Roman Catholic, Gate Burton, Claxby-cum-Normanby, Elsham, Haxey, Humberstone, Kettlethorpe, Roxby-cum-Risby, Utterby, Wyham-with-Cadeby, North Ormsby, Worlaby and Yarburgh.

Minor alterations and repairs were requisitioned in thirty other cases.

LIGHTING.

The lighting of all the more recent schools is very good. In the case of the older schools, some have lighting which is up to modern requirements, while others are not at all well lighted. A few, as is the case in the school at Great Limber, have many of the window panes made of obscure glass, which seriously diminishes the lighting of the rooms. The attention of the Committee is drawn from time to time to schools where structural alterations are required to improve the lighting and the action taken has resulted in a great improvement in the schools dealt with. In probably a majority of small rural schools the lighting is from the backs of the scholars, and it is considered to be impracticable from the educational standpoint to arrange the desks so that the main light shall come from the side. It appears to me that the eye strain involved in school work being done in a bad light is a most important matter, and that safety should be considered before convenience,

As a result of Dr. Levis' representation last year in regard to the adoption of a standard colour for school room walls, the Committee issued a recommendation to Managers that when walls are distempered colours should be selected which are restful to the eye, such as light green, light slate or other pale tints.

VENTILATION.

The fresh air habit has not yet been acquired in all our schools, although there are many evidences of an increasing love of fresh air and open windows. The Education Committee recommended school managers and teachers to adopt the suggestion of appointing older children in turn to act as Health Monitors, with the duty among others of opening the schoolroom windows widely at intervals. I have not heard that this suggestion has been acted upon in any school. It appears to me that practical instruction in the hygiene of the home would be of great value to the children and that it could not be better imparted than by giving the older ones, in turn, definite duties likely to improve the hygiene of the school. Open air instruction in summer ought to be greatly extended, and teachers will find that much benefit results from taking classes in the playground. This is discussed further in the next section.

SCHOOL FURNITURE.

In order to facilitate the holding of playground classes which the Committee are anxious to encourage, I understand that in future it will be possible for schools to have a certain number of light portable desks and chairs provided. I hope that it may be found practicable to supply these throughout the county. There is no doubt that they would prove a wise investment, yielding an ample return in the invigoration of the children.

In former reports I have referred to the desirability of the use of slates being discouraged and to the need for more cloak room accommodation in many of the older schools. I have also mentioned that insufficient wash-basins are usually provided for the number of school children, and that soap and towels are not always in evidence. I need, therefore, make no more general remarks on these matters. Individual cases will be brought to the attention of the Committee. My views on the subject of school cleaning are as set out in my report for 1912. After consideration of my recommendations last year, the Committee instructed the Secretary to prepare amendments strengthening to some extent the Committee's Regulations in regard to the duties of school cleaners,

Administration of Medical Inspection.

SCHOOL MEDICAL OFFICER.

General supervision of the work of the school medical service was given by me, as Chief School Medical Officer.

ASSISTANT SCHOOL MEDICAL OFFICERS.

In March, 1914, when the County Council established tuberculosis dispensaries, it was arranged that the medical appointments in connection with them and with school medical inspection should be combined. The staff of assistant medical officers was increased to four by the appointment of Dr. E. E. A. Thompson Rigg and Dr. J. Perry Walker. Each of the four medical officers carried out routine school medical inspections two days a week, and the remainder of the week was nominally devoted to tuberculosis work. In practice it has been found that on many occasions school medical work other than routine inspections is done in addition to the work of the dispensaries on tuberculosis days. Time is also found for visits to tuberculosis patients on school inspection days. It is, therefore, not easy in official returns to give the exact proportion of each medical officer's time allotted to school work. The combination of the posts has given an added interest to the work, as was anticipated, and has had the valuable result of bringing the school medical work into close relationship with that of the tuberculosis dispensaries. The districts were re-arranged as follows:—

Dr. Levis, stationed at Lincoln, took over the schools in the urban districts of Gainsborough, Horncastle and Woodhall Spa, and in the rural district of Welton and parts of the rural districts of Caistor, Gainsborough, Horncastle and Louth; altogether 90 schools, with 9,113 children on the books at the end of December, 1914.

Dr. Wilson, residing in Grimsby, examined in the schools of the urban districts of Cleethorpes, Barton-on-Humber and Market Rasen, and in those of the rural district of Grimsby and in parts of the rural districts of Caistor, Glanford Brigg and Gainsborough. This district comprises 69 schools, with 10,371 children on the books in December, 1914.

Dr. Rigg, stationed at Brigg, was given the schools in the urban districts of Brigg, Broughton, Crowle, Frodingham, Roxby, Scunthorpe and Winterton, and those in the rural district of the Isle of Axholme and in parts of the rural districts of Glanford Brigg and Gainsborough. He had 59 schools, with 10,258 children on the books.

Dr. Walker, stationed at Louth, undertook the work in the Borough of Louth and in the urban districts of Alford, Mablethorpe and Skegness, and also in the rural districts of Spilsby and Sibsey and in parts of the rural districts of Horncastle and Louth. There are 114 schools in the district, with 7,703 children on the books.

Assistance given by Managers of Schools, Teachers and Attendance Officers.

Managers.

The instances of interest in child welfare which I reported last year as having been shown by a certain number of school managers have been maintained. It is, however, regrettable that this interest in the children appears to be confined to the clergy and to some philanthropic landed proprietors and is rather a matter of private benevolence than a settled policy of the managers of the schools. The Education Committee have recently addressed a circular letter to the managers of all the public elementary schools in the county, asking them to take into consideration the question of forming a Children's Care Committee from amongst their number. If a satisfactory response is given to this letter it is hoped that a much more direct and personal interest will be taken by all the school managers in the children.

Teachers.

The teachers have continued to give great assistance to the medical inspectors. They make all arrangements to secure, if possible, the presence of the parents, they enter the names of the children on the inspection schedules and also the particulars of their height and weight, personal history, previous illnesses, and the teacher's estimate of their intelligence and visual acuity. A female teacher is always present when the girls are being examined without their parents, and also during the inspection of infants. The teachers also keep the school medical officer informed of all cases of infectious disease occurring amongst the children.

I take this opportunity of expressing the thanks of the school medical staff to all the head teachers for their cordial co-operation and our appreciation of the great amount of work they have undertaken to make the medical inspections of real value.

Attendance Officers.

There are 11 whole-time and 8 part-time school attendance officers. Co-operation with these officers is carried out in the following ways:—

- (1) When the attendance officers report that they have reason to suspect that children absent from school on health grounds are not receiving treatment or are being kept away from school an unduly long time, the cases are enquired into by the school medical officer, either by reference to the family doctor or by a personal visit to the home. When treatment clinics are fully organised it will be possible for this useful work to be further developed.
- (2) The names of children transferred from one school to another are sent by the attendance officers to the school medical officer monthly. By means of these returns defective children can be followed up when they move from school to school.
- (3) The school medical officer sends a note of all children known by him to be excluded from school, from whatever cause, to the attendance officers, with the period of exclusion.

Presence of Parents at Inspection.

Altogether 2,681 parents attended the medical inspection of their children in 1914. That number is nearly 600 more than last year. Parents are showing a greater interest than was formerly the case in medical inspection and generally evince a desire to discuss with the school doctors how they may best rear their children. Only in forty-seven cases did parents object to the inspection. These objections were found, as a rule, to arise either from the children's own unwillingness to be inspected or from the parents wish to hide evidences of their neglect. In several instances the school doctors sent for the parents and were able to persuade them to withdraw their objection.

Co-operation of Parents in the Subsequent Treatment of Defects.

A very great improvement has resulted from the visits of school nurses to the homes of defective children. Their explanation to the parents of the nature and consequences of the children's defects and their advice as to the best means of obtaining remedy for them, have certainly been very

successful in increasing the number of children treated. The figures showing the action taken to remedy defects are given under the heading of Ameliorative Measures.

Visits to Schools.

During the year 1914, 461 visits were paid by the school medical officers to the 332 schools in the county. Ten of these were to investigate outbreaks of infectious disease and the remainder were in connection with routine medical inspection.

In addition, each school was inspected twice by the school nurses as a routine inspection to detect verminous conditions, and in a large number of cases many subsequent visits were paid by them.

Children Selected for Inspection.

In accordance with Code requirements, the school children were medically inspected as entrants and as leavers. Children are first admitted to school at the age of five years, or in certain instances, at the teachers' discretion at $4\frac{1}{2}$ years. They leave school at the age of 14, or at 13 if they have made 350 attendances.

Partial exemption certificates for the period from 1st June until 31st October are given to certain children at the age of 11 years who have made 250 attendances between the previous 1st November and 31st May, to enable them to work on the land. Children so exempt must have passed the 5th Standard (in populous places) and 4th Standard (in rural districts).

During the first months of 1914, the teachers were instructed to present for inspection as leavers, children who would reach the age of 12 years within six months from the date of inspection in urban schools and within twelve months from that date in rural schools. This was done so that partial exemption scholars might not be missed. As a result, a number of leavers were examined at 11 years of age. Later it was felt that the number of children who would escape inspection if the age were raised to 12 years would be very small, and teachers were therefore instructed to present as leavers all children of 12 years of age and over who had not previously been inspected as leavers. The number of leavers recorded this year is, therefore, more than usual, and next year it will be comparatively less.

Children were also inspected when presented by the teachers on account of some real or suspected defect, and those previously found defective were re-inspected.

The Number of Children Inspected.

Special.

Eight hundred and twenty-six children were presented as special cases by the teachers, because of some defect which they had noticed. This number exceeds that of last year by two hundred and seventy-three. They are not included in the statistics of the results of the routine inspections because they were selected for examination on account of some defect and are, therefore, not comparable with them. The findings of the medical inspectors in regard to them are set out separately in the table showing the physical condition of the children inspected.

Routine.

A detailed medical examination was made during 1914 in respect to 8,582 children. They are set out below in age and sex groups.

Age Groups.	4—5	5—6	6—7	7—8	8—9	9—10	10—11	11—12	12—13	13—14	14—15	Total.
Males	232	1545	448	145	45	12	28	195	1301	418	26	4304
Females ...	192	1411	503	131	39	16	11	224	1242	487	22	4278
Total ...	424	2865	951	276	84	28	39	419	2543	905	48	8582

The weekly records show that 509 children were absent on the day of inspection. Including special cases, there were examined altogether 9,408 children in the year.

Children referred for Subsequent Examination.

The Supervision Registers previously used for recording the names of physically defective children were done away with in 1914, and in their places the names and other particulars are now entered on special cards. The cards of all defective children at each school are kept in a distinctive envelope, labelled with the name of the school. At the end of a medical inspection these special cards are placed in the envelope and

they are forwarded to the school nurse, who follows up the cases and endeavours to get them treated. When the next medical inspection is arranged the nurse sends the cards to the school with her notes recorded on each. The medical inspector then re-inspects these children and enters his observations on the cards. No card is permanently removed from the envelope unless the defective child has removed to another school, or has had its defects remedied.

**The Number of Children in respect of whom
Directions were given for Treatment of
Defects, including a Classified Statement of
such Defects.**

It was found necessary to send notices in respect of 1,614 children, drawing the attention of parents to serious defects which were not receiving treatment. Several children suffered from more than one condition. The attention of parents was drawn to decay of the teeth only when there was suppuration at the roots, and to defective vision only when the vision was $\frac{6}{12}$ or worse. Notices were not sent in many cases when the parents had been present at the inspections. The defects, which numbered 1,814, are classified below:—

Defects Urgently Requiring Treatment.

Decayed Teeth	...	...	...	...	316
Defective Vision, including Squint	...	...	...	...	524
Eye Diseases	...	...	...	...	75
Ear Diseases	...	...	...	...	88
Deafness	...	...	...	...	45
Adenoids and Tonsils	...	...	...	...	510
Diseases of Heart and Circulation	...	...	...	...	52
Diseases of the Lungs	...	...	...	...	63
Diseases of the Skin	...	...	...	...	63
Other diseases	...	...	...	...	78
					<hr/>
					1,814

**General Review of the facts disclosed by
Inspection.**

One thousand three hundred and fourteen children, or 15.31 per cent. of the total, were found at medical inspection to be without any recognisable defect; 1,359 other children had less than three decayed teeth and were otherwise without defect. If these be included with the previous 1,314, then 2,673 children, or 31.14 per cent., were without defect. 13,111

defects were found amongst the 8,582 children examined, or rather amongst the 7,268 children who had defects. These are summarised below, and are set out in greater detail in the General Table of Defects.

Summary of Defects:—

Malnutrition	...	...	...	...	221
Carious Teeth	...	...	...	...	6,083
Disease of the Nose and Throat	...	...	...	...	2,615
„ „ Eye and defects of Vision	...	...	...	...	1,824
„ „ Ear & Defects of Hearing	...	...	...	...	551
„ „ Heart and Circulation	...	...	...	...	699
„ „ Lungs	...	...	...	...	445
„ „ Nervous System	...	...	...	...	42
„ „ Skin	...	...	...	...	231
Mentally Defective	...	...	...	...	22
Infectious Diseases	...	...	...	...	21
Rickets	...	...	...	...	156
Deformities	...	...	...	...	71
Tuberculosis (Non-Pulmonary)	...	...	...	...	14
Other Diseases	...	...	...	...	116
					<hr/> 13,111 <hr/>

Clothing and Footgear.

The great majority of the elementary school children in the county are well and suitably clothed and have serviceable footgear. About four per cent., however, are recorded as having their clothing either insufficient, in need of repairs, or unclean, and 3.6 per cent. as having unsatisfactory footgear. In both cases the boys are worse in this respect than the girls. The medical inspectors again remark on the number of children they find heavily burdened with layer upon layer of warm clothing. The mothers are always informed in these cases of the number and character of garments that should be worn. In Cleethorpes the Women's Emergency Corps distributed 457 pairs of boots and shoes and 4,096 garments to necessitous children, and gave monetary relief to 450 families.

Nutrition and Physical Development.

The aim of education in the public elementary schools should be to secure the full normal development of each child, both mentally and physically, during the years of school life. In the past the training of the mind was considered to be the

chief object of education, and very little, if any, attention was given to physical development. It is now more clearly realised that the training of the mind cannot proceed normally or safely when there is neglect of the physical side of education. There is even yet a disposition to regard physical training as an extra subject added to an already over-loaded curriculum. Teachers in this county are advised that at least three lessons per week should be given to physical exercises and that these should be of not less than twenty minutes or more than twenty-five minutes duration. Acting on this advice, a few teachers have been able to arrange for a short period of definite physical training to be given every day. If teachers realise the object and purpose underlying the use of each of the graduated exercises in the official syllabus then only good can result from regular daily physical instruction.

During this time of war the value and importance of sound instruction in physical training cannot be over estimated, and the Education Committee would be well advised not only to continue but also to supplement the facilities offered last year to teachers to enable them to acquire a practical knowledge of physical instruction. It is, unfortunately true that a large number of the teachers responsible for this particular training have no idea of the principles which underlie the exercises and that in consequence the best results are not obtained from their practice.

Physical training produces a quickening of the general circulation, an improvement in the tone of the muscles, the development of the chest and of the body as a whole. The mind is stimulated and made more alert through the deeper and fuller respiration and through the improved circulation of the blood. Co-ordination of movement, confidence and self-control are inculcated when the exercises are properly taught and the children return to their other studies with greater power of attention and concentration and an increased eagerness to learn. A good practice which I have seen carried out in a few schools is to have the children stand out from their desks for a few minutes, occasionally, between lessons for deep breathing and a few simple exercises. This is especially useful when two lessons involving a strain on the reasoning powers have to be taken in succession.

If one of the aims of elementary education is, as I have said, to ensure, as far as possible, the full normal physical development of each child, it is necessary that the state of the children's nutrition should be carefully noted at medical inspection and that in cases where it is reported to be below

the normal an enquiry should be made to ascertain if any condition is present which is hindering the physical development of these children. Such enquiries might well be made by members of the Children Care Committees.

There are many causes of malnutrition, most of which are capable of remedy. Insufficient and unsuitable food is the most obvious of these. It is surprising how few children who have to take their mid-day meal with them to school, on account of the distance of their homes, are given really nourishing food by their parents for the meal which should be the principal one of the day. Bread and butter and pastry is the usual fare of what are called the 'dinner' children. I often recall, with some pride, the arrangements made in a little village school in Ayrshire, where good Scotch meat broth was made twice a week by the older girls, under the supervision of the head teacher, for the children who came from a distance. Most of the ingredients were generally brought by one or two of the children who thus paid for their portion, while the other children could get a bowlful for a halfpenny. On other days hot cocoa, with milk, could be obtained for a trifling payment.

Lack of nourishing food is, however, not the only removable cause of malnutrition. Others may be enumerated such as bad home surroundings and neglect, lack of fresh air and sunlight in home or school, unsuitable sleeping arrangements, insufficient sleep, employment out of school hours, want of cleanliness, and disease, especially tuberculosis.

It is to be noted that the medical inspectors in 1914 found 1.99 per cent. of the entrants and 3.27 per cent. of the leavers suffering from malnutrition, a total of 221 children. A further 287, or 3.34 per cent. of all the children examined were below the normal standard.

One of the most valuable means of restoring children of poor nutrition and physique to the normal is by a period of education in an open-air school.

The Education Committee have postponed consideration of the question of establishing open-air schools in the county until after the war. They have still under consideration the possibility of reserving places in existing institutions.

Provision of Meals for School Children.

Early in August of last year the Board of Education issued Circular 854, directing the attention of the Local Education Authorities to the terms of the Elementary Education (Provision of Meals) Act, 1914, which altered the Act of 1906 in three respects:

- (a) It legalised the provision of meals during holidays and on other days when the school is not open.
- (b) It repealed the limit imposed by Section 3 of the Education (Provision of Meals) Act, 1906, under which the expenditure of the Local Education Authority on the provision of food was limited to the produce of a halfpenny rate.
- (c) It abolished the necessity of obtaining the sanction of the Board of Education to expenditure out of the rates on the provision of food.

The Board pointed out that in the winter of 1914 dislocation of trade and other circumstances would probably occur which would occasion an exceptional amount of distress amongst the industrial population whose children attend the public elementary schools. They suggested that Local Education Authorities should make early preparation to deal with such distress, should it arise, by having an organisation ready to secure the provision of meals for all children who might require them. It was already known that grants equal to 50 per cent. of the cost of providing meals might be expected.

Mr. Grant has kindly prepared for this report the following statement, showing to what extent it was found necessary in this county to deal with exceptional distress by the provision of meals to school children.

“ Shortly after the outbreak of war, the Committee received reports showing that dislocation of industry at certain centres had occasioned some distress, and that several children were attending school insufficiently nourished.

The centres affected were reported to be Gainsborough (chief industry, manufacture of machinery), Cleethorpes (fishing and general shipping), Little Coates (shipping), Scunthorpe (iron smelting), Immingham (shipping).

Investigation showed that the trouble at Little Coates, Immingham and Scunthorpe was of very short duration only, and that industry was almost at once resumed. At Gainsborough and Cleethorpes, however, there was, for some time, a considerable lack of employment and it was decided to

exercise the powers of the Local Education Authority, under the Provision of Meals Act, at these two places and also at Morton, a village adjoining Gainsborough and affected by the same conditions.

Local Canteen Committees were formed, consisting of School Managers, with co-opted members, and they were directed to feed all children certified to be necessitous by the Distress Relief Committees formed in connection with the Prince of Wales' War Relief Fund.

The whole of the arrangements were placed under the control of the Emergency and School Attendance Sub-Committee of the Education Committee, who were given full powers to act and to add other feeding centres should occasion arise.

Meals were provided on a dietary settled by the School Medical Officer, and arranged under his supervision.

Feeding was begun at Gainsborough on September 14th, and at Morton and Cleethorpes on October 5th.

The Gainsborough Feeding Centre was closed on December 12th, when the special distress arising from the War was reduced to very small proportions. Five children only remained in want owing to circumstances arising directly from the war, and these were fed at the expense of the Committee, at a restaurant, until April 3rd of the current year.

The Morton Centre was closed on November 29th, and Cleethorpes on April 3rd of the present year.

The total numbers fed were as follows :—

Gainsborough	...	390
Cleethorpes	...	113
Morton	..	38

At Cleethorpes, breakfast and a mid-day meal were provided, but a mid-day meal only at the other two centres.

The total number of meals provided at all centres was as follows :—

Breakfasts	...	...	...	6,596
Dinners	...	...	...	21,169

The total cost of feeding, including the purchase of outfit and the provision of food, was £314.

The cost of food alone at Gainsborough and Morton, where dinners only were provided, works out at 2.8d. per meal. At Cleethorpes the cost of food supplied for breakfasts and dinners was not kept separate.

There was no lack of voluntary assistance, although the organisation of the Feeding Centres on very short notice and without previous experience entailed hard work on all taking part in it."

In selecting the dietary recommended to the Canteen Committees, regard was paid (1) to the necessity of supplying the food constituents in which the food supplied at home was likely to be deficient, i.e., the proteids and fats, and (2) to providing a diet both varied and palatable. The dietaries in use in the areas of thirteen Local Education Authorities who had brought into force the Act of 1906, were available for reference and the Board's menus and recipes provided helpful suggestions.

The following standard menus were recommended:—

- | | |
|---------|--|
| 1st day | Stewed Meat, with potatoes and bread. |
| 2nd day | { Pea soup and bread.
Milk pudding. |
| 3rd day | { Baked or boiled potatoes with bread, butter and cheese.
Apple roll. |
| 4th day | Meat and potato hash with beans and bread. |
| 5th day | { Fish and potato pie.
Jam roly poly. |

These menus were varied from time to time with other dishes of the same food value.

Dinners such as the above, but always with two courses, were supplied at Gainsborough from the beginning. In Cleethorpes the meals were of a poorer quality at the commencement, but the Canteen Committee there soon agreed to adopt the same dietary and in addition they provided breakfasts of cocoa and bread and butter. At Cleethorpes the children were fed at one centre, a chapel hall, and the food was cooked in the same building. At Gainsborough there were four centres, including one at the village of Morton; one of these was in a school and the remainder were in halls. The food was cooked in the kitchen of the Union Workhouse, lent without charge by the Board of Guardians, and great credit is due to the Master and Matron of the institution for the very creditable way the cooking was done. From the kitchen the food was taken daily by motor cars, generously lent by different motor firms in the town, to the feeding centres. This proved a very satisfactory method, the food always arriving quite hot,

The Medical Staff were so fully occupied with routine work that time could not be given to special inspections of the children fed at the schools.

The teachers inform me, however, that all the children benefited by the feeding and that great improvement was observed in the physical condition of children who previously had been malnourished.

It has been said that the chief educational value of a "meal" as distinct from the mere "distribution of food" is the opportunity of teaching the children to regard themselves as members of an organised community with social obligations to each other. This aspect of the meals was not forgotten. Attention was paid to ensure good behaviour and orderliness without undue restraint, and to the food being served in clean dishes, on tables on which were laid clean cloths. Grace was said before and after the meals. All these points have their educational value and the children, in addition, acquire a liking for nourishing food instead of the unsuitable food so many of them are accustomed to in their own homes.

Cleanliness.

The condition of the children as regards cleanliness in 1914, was fairly satisfactory. 92 per cent. of the total number of entrants and leavers examined were found to be clean. All not clean were classed as dirty, that is to say, 605 children, or 7.04 per cent. Eighty were found to have body lice, while 160, or 1.86 per cent., had nits, and 17, or 0.19 per cent., had live pediculi in the hair.

The school nurses were charged with the duty of examining all the school children for verminous conditions. Two main inspections were made in the year at each school and many additional visits were paid for the purpose of following up children not cleansed after warning.

Altogether 831 visits of inspection were made to the schools and 950 to the homes. 34,315 children were examined. 3,160 children, or 9.20 per cent., were found with a few nits in the hair, and 1,697, or 4.94 per cent., had many nits. In 642 cases there were live pediculi present.

The parents of 13 children were proceeded against for faulty school attendance on account of their verminous state. A conviction was obtained in 12 cases, one being dismissed.

Teeth.

For the last few years the percentage of children with perfect dentition had been rising. In 1910, 20 per cent. had no decayed teeth, in 1911 the percentage was 25, and in 1912 it was 35, and in 1913 it had reached as high as 41. Commenting on this rise in my last year's Report, I suggested that it would be very satisfactory if it were the result of the instruction of parents and children in the importance of care of the teeth. Unfortunately, this year's statistics do not afford any cause for congratulation. Only 29 per cent. of the children examined in 1914 had no decay of the teeth. 47 per cent. had less than four decayed, and 23 per cent. had four or more decayed. As in previous years, more entrants had badly decayed teeth than leavers. The exact figures will be found in the table. To a large extent decay of the teeth is preventable and no effort should be spared by teachers, medical inspectors and nurses to make both parents and children realise how injuriously decayed teeth affect the health, and to teach them how to preserve their teeth from decay.

Teeth lose their tone when they are not given enough work to do, and the enamel thus weakened is eroded by the acids produced from the fermentation of soft starchy food when that is allowed to remain in the interstices of the teeth. Thus children should be taught to chew their food well, and to brush their teeth night and morning. Those of the children who use a tooth brush generally rest satisfied with the morning cleansing. Its use at night is, however, more efficacious in preventing decay.

When starchy or sugary foods, such as bread, biscuits, potatoes, sago, jam, &c., are eaten they should be followed by foods which are fibrous and therefore cleansing. Such foods are fruits, especially apples; raw vegetables such as celery, onion, lettuce; hard crusts or toast and also meat and fish. In spite of these precautions decay may show itself in a tooth. If it does it should be dealt with forthwith by conservative dentistry, that is by clearing out the decay and filling the cavity. At present this is practically unheard of amongst elementary school children. The Education Committee will consider the question of providing school dentists as part of their scheme of treatment when the war is over.

Nose and Throat.

There is no sign of any diminution in the number of children with over-growth of the lymphoid tissue in the nasopharynx and pharynx. Amongst the entrants 548 had slight and 525 had marked tonsillar enlargement, with a percentage of 12.51 and 11.24 respectively. Slight adenoid growths were found in 231 entrants, or 4.94 per cent., while 252, or 5.39 per cent., had them present to a considerable extent. Amongst the leavers the percentages were rather smaller, namely, slight enlargement of tonsils in 372 cases, or 9.50 per cent., and much enlargement in 377 cases, or 9.62 per cent. Adenoids growths were slight in 154 instances, or 3.93 per cent., and marked in 92 instances, or 2.35 per cent.

Approximately 10 per cent. of all the children have slight enlargement of the tonsils, while a further 10 per cent. have them markedly enlarged. Similarly 4 per cent have slight adenoids and another 4 per cent. have much obstruction from these growths.

The chief evil of these over-growths arises from the obstruction to breathing which they cause. Operation becomes necessary when there is associated with them an increased tendency to contract cold either in the nose, throat, or bronchial tubes, with deafness due to Eustachian catarrh, and where the deficient aeration of the blood leads to anæmia and mental dulness. Operation is also said to be frequently successful in cases of adenoids associated with neuroses, such as asthma, laryngismus, chorea, convulsions, nocturnal incontinence of urine, nightmare and sleep-walking.

It is commonly held that adenoid growths give rise to a definite lack of the faculty of application to study. This appears to be borne out by the reports of the results of school medical inspection in this county. An inquiry into the mental alertness, as estimated by the teachers, of 290 children with adenoids, shows that while 52, or 17.9 per cent. were classed as bright, 176, or 60.6 per cent., were only of average mentality; 60, or 20.6 per cent. were dull, and 3 or 1 per cent. were mentally defective.

* The state of the nutrition in 693 children with adenoids is thus estimated by the medical inspectors:—254, or 36.6 per cent. well nourished; 364, or 52.5 per cent. of average nutrition; 60, or 8.6 per cent. less than average nutrition; 15, or 2.1 per cent. of bad nutrition. The presence of adenoids, therefore, does not appear to have exercised any marked influence upon the children examined, as judged, at any rate, by the appearance of the skin, the amount of subcutaneous fat and general tone,

Special attention is being directed in the 1915 inspections to the subject of adenoids throughout England and Wales, at the instance of the Chief Medical Officer of the Board of Education, in the hope that evidence will be accumulated as to their causation, which will enable preventive measures to be taken in regard to them.

Eye Diseases.

There were 231 cases of disease of the eyes or eyelids in 1914. 154 of these were cases of inflammation of the margin of the eyelids (blepharitis). A special enquiry in regard to 64 consecutive cases of blepharitis showed that 40 were associated with defective eyesight.

Twenty-six cases of conjunctivitis were noted, 6 of corneal ulcer and 13 of scars on the cornea, due to old ulceration. Of other diseases the chief were seven cases of ptosis or drooping eyelids, five of cataract, and six of nystagmus or twitching movements of the eyeball.

Vision.

The eyesight tests were carried out by the head teachers, and the results were checked by the medical inspectors. This has been the method adopted throughout the schools of the county since the commencement of school medical inspection, and the teachers have taken pains to make their tests and records from Snellens' types accurate. It has been found that as a result of their undertaking this examination, in the first instance, many teachers have shown a great interest in children with defects of vision, and have been careful to minimise for them the risk of eyestrain by placing them in the front of the class and in the best light, and by following them up with a view to glasses being obtained for them by their parents. The statistics given in the general table of defects have been compiled for the sake of uniformity, on the lines suggested by the Board of Education. This table is, however, unsatisfactory, because the defects are not stated with reference to individual children but in regard to separate eyes. So many right eyes and so many left eyes are shown to be defective in various degrees. This information can be of but little value. For practical purposes it is desirable to know the number of children whose vision, and especially whose vision with both eyes, is faulty.

Taking this latter method, it is to be noted that 1,206 boys and 1,116 girls, or 60 per cent. of the children examined, had normal vision with both eyes, while a further 309 boys and 316

girls had normal vision in one eye, the other being more or less defective. Thus altogether 2,948 children, or 76 per cent., had full vision in one or both eyes. 926 children had defective vision in both eyes. They are grouped in the table given below according to the visual acuity of the better eye in each case :—

		<i>Males.</i>	<i>Females.</i>	<i>Total.</i>	<i>Per Cent.</i>
Vision of Better Eye ...	6/9	282	352	634	68·46
„ „ „	6/12	43	68	111	11·98
„ „ „	6/18	59	59	118	12·74
„ „ „	6/24	17	22	39	4·21
„ „ „	6/36	6	12	18	1·94
„ „ „	6/60	5	—	5	·53
Children with less than } 6/60 in both eyes... }		—	1	1	·10

In 1913 it was noted that 10 per cent. more girls than boys had defective eyesight. Last year the difference was 11 per cent. I discussed in my last report the probable reason for this difference and suggested that the girls are subjected to greater eyestrain in the sewing lessons than the boys in any part of their curriculum.

Sewing instruction is given as the first lesson of the afternoon session. It should never be given after 3 o'clock in the afternoon in winter, and during December and January it should preferably be allotted the last hour of the morning session. In schools where the lighting in all parts of the class room is not uniform, the teachers do not always arrange for the girls to sit at this work in the best light obtainable. The correct working distance from the eye is also not invariably obtained. The material should be held about 12 inches from the eyes. It would greatly decrease the risk of eye-strain if the sewing lesson were removed altogether from the course of instruction given to infants up to the age of seven years. I am supported in this view by the majority of ophthalmologists, who consider that near eye work should as far as possible be avoided for infant instruction.

The type used for the printing of the school text books is generally satisfactory, but a great number of the school Bibles are still very badly printed, the type being very small and indistinct, and the spaces between the letters and lines insufficient.

Teachers can do so much to prevent eye-strain and the development of visual defects in school children, that it may be well to summarize the chief points they should bear in mind. They are as follows :—

1. Lessons requiring an effort of eye accommodation should be alternated, as far as possible, with lessons requiring no such effort.
2. The type and spacing of school text books, including Bibles, for the different ages of children should be in accordance with the examples shown on page 36 of my report for 1912.
3. Children under seven years of age should be taught by methods which do not require any effort of eye accommodation, for example, by word of mouth, with the help of black boards, large printed wall sheets, pictures and other objects which are easily seen at a distance. They should not be taught sewing.
4. Instruction in needlework for older girls should be taken only when the light is good, and individual attention ought to be given to ensure that no child sits where the work is not well illuminated.
5. In schools where the lighting is mainly from behind the children, an effort should be made to re-arrange the desks as to get lateral illumination. This should be a first consideration and not secondary to convenience for class instruction.
6. Attention is required to individual children to secure a good attitude at work, and to see that work is not held nearer than 10 inches from the eye.
7. Children with suspected defects of eyesight should be brought to the notice of the medical inspectors and those with known defects should be placed in the front row of the class.

Ear Disease.

The disease of the ear most commonly met with in school children is middle ear catarrh. One hundred and two, or nearly two per cent. of those examined in 1914, were found with discharging ears due to this complaint. The importance of obtaining early treatment and the seriousness of the condition is explained to the parents in a printed letter as follows:—

CONTINUED DISCHARGE FROM THE EAR is due to inflammation of the deep parts of the hearing apparatus. If neglected, this may completely destroy hearing, and may also lead to diseased bone in the head, abscess of the brain or other dangerous complications. The longer the disease is allowed to persist, the more serious as a rule are the consequences,

Children suffering from this condition should be placed under medical care at once, and the treatment recommended should be persevered with until a cure is effected.

120 children were found to have accumulations of wax in the ear, frequently associated with slight deafness.

Hearing.

The acuteness of hearing was tested by the medical inspectors, whenever possible, by the forced whisper test at 20 feet. Occasionally the test was impracticable, because this distance was not obtainable in the room set apart for medical inspection, or because it could not be applied on account of noise in the neighbourhood, as in schools near machine works. In these cases the whispered voice was used at a less distance, and it was always found easy to distinguish those whose hearing was less than normal and to test them comparatively with normal children. Practically 96 per cent. were found to have normal hearing. The number of those with hearing less than normal is given in the table. Five were very deaf to the whispered voice in the right ear and four in the left ear. None were so deaf as to require special instruction.

Mental Condition.

The ability or intelligence of the children was estimated as hitherto, by the teachers, and checked by the medical inspectors. The mental condition of infants under seven years of age was not recorded. 85 per cent. of the children examined were noted as being of normal intelligence and 14 per cent. as dull and backward. The table shows a percentage of 0.45 as being mentally defective. The total number of children found defective in the routine examinations was 22. The mental condition of children of 5 years of age was not recorded. The percentage noted above was calculated upon the total number of children on whom records of mental condition were made, namely, on 4,867 children. There is little doubt, however, that the attention of the medical inspectors was directed to all the mentally defective children amongst the entrants and leavers, and that the percentage should, therefore, be calculated upon all the 8,582 children inspected. This works out at 0.25 per cent.

During the year there was passed the Elementary Education (Defective and Epileptic Children) Act, 1914, which places upon the Local Education Authorities the duty of making provision for the instruction of such mentally defective children between the ages of 7 and 16, as are capable of receiving benefit from special instruction.

The Board of Education also issued the Mental Deficiency (Notification of Children) Regulations, 1914, as provisional regulations on account of urgency under Section 2 (2) of the Mental Deficiency Act, 1913. Under Section 1 of these Regulations the School Medical Officer was appointed by the Education Committee as the Certifying Officer, for the purpose of the Regulations.

The Education Committee decided first of all to ascertain what children of seven years of age or upwards in the county were incapable of receiving benefit from instruction in a special school or class. They considered that any mentally defective children at present in attendance at ordinary Elementary Schools were in all probability educable, and therefore directed the school attendance officers to furnish the names of children believed to be mentally defective who were not at school. These children, 22 in all, were examined by the School Medical Officer on the lines suggested by the Chief Medical Officer of the Board of Education. Only two were considered to be cases for report to the Local Authority under the Mental Deficiency Act. They were reported, but the Local Authority decided that no financial obligations should be undertaken until after the war. Steps will now be taken to examine all the remaining children in the county who are mentally defective, so that the Education Committee may know the extent of the problem and be able to decide as to the provision of special classes in the towns, and as to whether a residential school will be required for the children from rural districts or whether these can be dealt with in existing special institutions.

Heart and Circulation.

Children with active organic heart disease are rarely found attending school. In the 42 cases in which organic disease was found at the inspections, compensation was established in all except a very few cases, and it was only necessary to regulate their periods of work and exercise. Most were cases of mitral regurgitation or double mitral disease. There were 37 children with functional heart disease, chiefly cases of altered rhythm of the heart's action.

Anæmia was markedly present in 399 cases, and slightly in 221 cases.

Dr. Riggs draws special attention to the number of children, particularly boys, with slight anæmia found throughout the schools of the Isle of Axholme Rural District, and to a less

extent in the industrial towns elsewhere. The explanation, he says, is not obvious, but the condition is most marked in a district where the women are field workers, and where in consequence, the children are not so well cared for. There is no doubt that the nutrition of the children almost invariably suffers when the mothers are wage-earners. This is an important consideration to be borne in mind at the present time, when women are being urged to undertake agricultural employment.

Diseases of the Lungs.

Under the heading Chronic Bronchitis and Bronchial Catarrh there are included 270 cases amongst the entrants, and 52 amongst the leavers. These consisted chiefly of cases of bronchial catarrh, which affection is frequently associated with malnutrition amongst the poorer children.

The condition would be best treated by a period of education at an open-air school, where the rest, fresh air and good feeding would speedily restore the children to good health.

The most serious disease of the lungs met with in school children is undoubtedly phthisis. Consumptive children are usually excluded from school by their own doctors, and therefore, the number found at medical inspection does not give any idea of the incidence of the disease in children. Established phthisis was found in 20 cases amongst the routine children examined, and in 25 of those specially presented by the teachers. In 99 other cases amongst the routine examinations, and in 29 cases amongst the specials the disease was suspected. In these there was an impairment in the lung resonance, with feeble or modified breath sounds, accompanied by a falling off in weight and lessened vitality. In some cases these signs were associated with deformity of the chest, such as flat or pigeon chest, or Harrison's sulcus. A certain proportion of the suspected cases suffered from adenoids and enlarged tonsils, which may have been responsible for the signs observed.

The Tuberculosis Dispensaries which were opened in March, 1914, have treated and supervised many of these tuberculous children. The fact that the school medical inspectors are also tuberculosis officers has enabled this supervision to be easily effected, and undoubtedly much good has resulted from the care and attention of both the medical officers and the nurses. The nurses visit the homes regularly and their advice and assistance has been welcomed by the mothers. Attention is directed to the need for abundant fresh air, both by day and night, and to the value of rest and proper nourishment. Open-air shelters have been supplied

to those who will use them, and cod liver oil and malt has been regularly given to a large number. Many of the children who attend the dispensaries have received a course of tuberculin, often with very excellent results.

Open-air schools would be especially useful for tuberculous children, and if these were provided in different parts of the county many children could continue their education and be treated on proper lines who now have to interrupt their schooling and be treated by the unscientific method known as "running wild."

The other diseases of the lungs met with were three cases of asthma and one of pleurisy.

Nervous System.

In childhood the higher nervous control is not fully established, and the nervous system is very sensitive and impressionable. Up to a point this sensitiveness is normal and compatible with perfect health, but in some it is abnormal and small sources of irritation such as from an aching tooth will cause a brain storm or convulsion fit. In others, fatigue from brain work will result in chorea or St. Vitus' Dance. Care to avoid nerve strain has to be given to children who show these signs of an unstable nervous system, other signs are nocturnal incontinence of urine, night terrors, nightmares, sleep-walking and habit spasms. Special care must, of course, be given to children who show evidence of epilepsy, whether of the major or minor form. Children with this disease are better taught in special schools. No provision for the education of epileptic children has yet been made by this authority. At the inspections, 19 children were stated by their parents to be subject to fits, but the majority of these were not epileptic. Four others had chorea, 4 incontinence of urine, 2 had habit spasms and 15 had deformities due to infantile paralysis. This last disease, known also as acute anterior poliomyelitis, is communicable and has been made notifiable, but so far little is known of its cause and spread.

Skin Diseases.

The skin diseases most commonly found in school children are ringworm, impetigo, scabies, and eczema. The first three are notified to the school medical officers by head teachers. The numbers notified were as follows: Ringworm, 294; Impetigo, 347; Scabies, 11. The number of cases found at school inspections was Ringworm, 43; Impetigo, 57; and Scabies, 30.

A letter is always sent to the parents urging immediate attention to treatment. In the case of impetigo, for which complaint a doctor is rarely consulted, details of treatment are given in the letter.

Thirteen other skin diseases were found affecting 41 children, at the medical inspection. Special work in connection with ringworm has been undertaken by Dr. Walker, in the Louth area, from June to December. In suspected cases hairs were epilated by the school nurse from the margin of the affected part, and were sent to the medical inspector for microscopical examination. The hairs were treated with ether and a solution of caustic potash of varying strength according to time available. 100 specimens were sent either for diagnosis or to prove that the disease was no longer active. 66 of these were positive and 34 negative. In 75 per cent. of the positive cases the specimens were of fair hair. All the positive specimens were an infection of the small spored variety.

Dr. Walker writes: "If a hair with the delicate grey sheath composed of a multitude of spores rupture by allowing 50 per cent. caustic potash solution to invade it whilst under inspection through the microscope, the invisible cement gives way and the spores stream out in a most characteristic fashion. I have on two or three occasions obtained the same freeing of spores by the use of soap solution."

Ringworm frequently originates at the borderline of the forehead and hairy scalp, which may be accounted for by towel infection. The spores are liberated after a wash, and adhering to a towel, get implanted in the forehead of the next user, since extra pressure is as a rule used in drying just where the hair begins.

If a specimen is found on examination to be positive, the nurse advises the parents to obtain treatment and the child is excluded from school, or if admitted is made to wear a cap. Treatment centres are now being established in the market towns throughout the county, where drug treatment will be given to children whose parents do not obtain medical advice for them otherwise. The only effective way of dealing with the disease, however, is by exposure to X-rays. One or two sittings suffice in most cases to destroy the parasite, whereas drug treatment often takes months to effect a cure.

Deformities.

One hundred and fifty-six children were found with deformities due to rickets, of which 96 were cases in which the

alterations in structure were marked. This disease is the result, as a rule, of chronic indigestion in early infancy, associated with bad feeding and unhealthy surroundings. It is more prevalent in towns than in the country. Even in towns, however, if the parents are not delicate, a vigorous infant when breast-fed is generally reared without rickets. The usual conditions found in a case of rickets are weakly parents, an unclean, badly-lighted and over-crowded home and the infant bottle-fed. The disease is, therefore, in the main, a preventable one and if and when the County Council adopts the Notification of Births Act, a serious attempt may be made to reduce its prevalence.

Seventy-one other children were found to have deformities not due to rickets. These were cases of spinal curvature, tubercular disease of the spine, malformed chest, wry neck, club foot, hydrocephalus, flat foot, etc.

The children with shortened limbs, due to infantile paralysis, are not included. These are reported under the diseases of the Nervous System.

Tuberculosis (Non-Pulmonary).

Only 8 cases of tuberculosis other than of the lungs were found at the inspections. These were mostly cases of tuberculosis of the glands of the neck. Children with active tuberculous disease of glands, bones and joints, are not generally in attendance at school. The establishment of open air schools would be a great boon for such children.

Other Diseases or Defects.

A large number of other conditions were found, 116 in all, which do not come under any of the previous headings. They included 25 cases of goitre, mostly slight enlargements; 21 of chronic nasal catarrh, usually associated with adenoids; 6 of rheumatism; 9 of hernia; 3 of jaundice; 3 of alveolar abscess; 2 of appendicitis; 1 of hypospadias; and 8 of phimosis.

Infectious Diseases.

Twenty-one cases of infectious disease were detected at the routine inspections, namely, eight of whooping-cough, nine of chicken pox, three of acute infectious sore throat, and one of scarlet fever. The majority of these cases were amongst infants.

TABLE SHOWING THE PHYSICAL CONDITION OF CHILDREN INSPECTED.

CONDITION.															
Total Inspected 8582.															
CLOTHING.	Entrants.				Leavers.				Total.			*Specials.			
	Boys.	Girls.	Total.	Per Cent.	Boys.	Girls.	Total.	Per Cent.	Boys.	Girls.	Total.	Per Cent.	Boys.	Girls.	Total.
	2364	2303	4667	—	1940	1975	3915	—	4304	4278	8582	—	386	440	826
	2263	2225	4488	96.16	1828	1919	3747	95.70	4091	4144	8235	95.95	—	—	—
	101	78	179	3.83	112	56	168	4.29	213	134	347	4.04	—	1	1
FOOTGEAR.	2265	2236	4501	96.44	1842	1928	3770	96.29	4107	4164	8271	96.37	—	—	—
	99	67	166	3.55	98	47	145	3.70	197	114	311	3.62	—	—	—
CLEANLINESS OF HEAD.	2315	2148	4463	95.62	1920	1892	3812	97.36	4235	4040	8275	96.41	—	—	—
	11	91	102	2.18	3	55	58	1.48	14	146	160	1.86	—	—	—
	3	9	12	.25	—	5	5	.12	3	14	17	.19	—	4	4
CLEANLINESS OF BODY.	2221	2197	4418	94.66	1736	1823	3559	90.90	3957	4020	7977	92.95	—	—	—
	143	106	249	5.33	204	152	356	9.09	347	258	605	7.04	—	—	—
	26	28	54	1.13	16	10	26	.66	42	38	80	.93	—	—	—
NUTRITION.	1033	964	1997	42.79	807	866	1673	42.73	1840	1830	3670	42.76	—	—	—
	1191	1201	2392	51.25	1005	1007	2012	51.39	2196	2208	4404	51.31	—	—	—
	83	102	185	3.96	51	51	102	2.60	134	153	287	3.34	—	—	—
	57	36	93	1.99	77	51	128	3.27	134	87	221	2.57	2	3	5

* The table only shows the defects for which specials were made.

* The table only shows the defects for which specials were presented. A complete inspection was not always made in these cases.

TABLE SHOWING THE PHYSICAL CONDITION OF CHILDREN INSPECTED—continued.

CONDITION.	Entrants.			Leavers.			Total.			Specials.		
	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.
	Per Cent.			Per Cent.			Per Cent.					
Total Inspected 8582.	2364	2303	4667	—	—	—	4304	4278	8582	—	—	—
NOSE AND THROAT.	1553	1718	3271	70.08	1552	1601	3153	80.53	3105	3319	6424	74.85
	12	10	22	.47	6	—	6	.15	18	10	28	.32
	305	279	584	12.51	178	194	372	9.50	483	473	956	11.13
	273	252	525	11.24	186	191	377	9.62	459	443	902	10.51
	112	119	231	4.94	89	65	154	3.93	201	184	385	4.48
	145	107	252	5.39	54	38	92	2.35	199	145	344	4.00
Other Disease	—	—	—	—	—	—	—	—	—	—	—	—
EXTERNAL EYE DISEASE.	2305	2228	4533	97.13	1895	1923	3818	97.53	4200	4151	8351	97.31
	45	47	92	1.97	30	32	62	1.58	75	79	154	1.79
	4	12	16	.34	5	5	10	.25	9	17	26	.30
	1	6	7	.15	4	2	6	.15	5	8	13	.15
	9	10	19	.40	6	13	19	.48	15	23	38	.44
	—	—	—	—	—	—	—	—	—	—	—	—
EAR DISEASE.	2268	2226	4494	96.30	1857	1890	3747	95.76	4125	4116	8241	96.04
	67	47	114	2.44	61	59	120	3.06	128	106	234	2.72
	26	30	56	1.19	20	26	46	1.17	46	56	102	1.18
	3	—	3	.06	2	—	2	.05	5	—	5	.05
	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—
TEETH.	684	682	1366	29.26	548	585	1133	28.94	1232	1267	2499	29.12
	994	962	1956	41.91	1054	1043	2097	53.56	2048	2005	4053	47.22
	686	659	1345	28.81	338	347	685	17.49	1024	1006	2030	23.65
	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—
HEART AND CIRCULATION.	2157	2129	4286	91.84	1773	1824	3597	99.08	3930	3953	7883	91.86
	15	6	21	.44	12	9	21	.53	27	15	42	.48
	9	13	22	.47	10	5	15	.38	19	18	37	.43
	183	155	338	7.24	145	137	282	7.20	328	292	620	7.22
	—	—	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—	—	—

TABLE SHOWING THE PHYSICAL CONDITION OF CHILDREN INSPECTED—continued.

[illegible]

TABLE SHOWING THE PHYSICAL CONDITION OF CHILDREN INSPECTED—continued.

CONDITION.		Entrants.			Leavers.			Total.			Specials.					
		Boys.	Girls.	Total.	Per Cent.	Boys.	Girls.	Total.	Per Cent.	Boys.	Girls.	Total.				
MENTAL CONDITION.	Total Inspected 8582.	2364	2303	4667	—	1940	1975	3915	—	4304	4278	8582	—	386	440	826
	Normal ...	445	449	894	85.46	1571	1689	3260	85.31	2016	2138	4154	85.35	—	—	—
	Dull or Backward ...	76	68	144	13.76	335	212	547	14.31	411	280	691	14.19	25	16	41
	Mentally Defective (all grades)	6	2	8	.76	4	10	14	.36	10	12	22	.45	9	4	13
VISION.	6/6 each eye (normal vision)	—	—	—	—	1259	1063	2322	59.93	—	—	—	—	—	—	—
	6/6 R. ...	—	—	—	—	1420	1309	2729	70.44	—	—	—	—	—	—	—
	L. ...	—	—	—	—	1373	1283	2656	68.55	—	—	—	—	—	—	—
	6/9 R. ...	—	—	—	—	303	416	719	18.55	—	—	—	—	—	—	—
	L. ...	—	—	—	—	340	426	766	19.77	—	—	—	—	—	—	—
	6/12 R. ...	—	—	—	—	49	84	133	3.43	—	—	—	—	10	23	33
	L. ...	—	—	—	—	64	81	145	3.74	—	—	—	—	8	20	28
	6/18 R. ...	—	—	—	—	86	82	168	4.33	—	—	—	—	14	18	32
	L. ...	—	—	—	—	81	92	173	4.46	—	—	—	—	12	20	32
	6/24 R. ...	—	—	—	—	27	41	68	1.75	—	—	—	—	4	13	17
	L. ...	—	—	—	—	20	37	57	1.47	—	—	—	—	7	14	21
	6/36 R. ...	—	—	—	—	13	18	31	.80	—	—	—	—	6	11	17
	L. ...	—	—	—	—	17	24	41	1.05	—	—	—	—	9	9	18
	6/60 R. ...	—	—	—	—	10	4	14	.36	—	—	—	—	3	7	10
	L. ...	—	—	—	—	11	5	16	.41	—	—	—	—	2	5	7
6/0 R. ...	—	—	—	—	8	4	12	.30	—	—	—	—	4	3	7	
L. ...	—	—	—	—	10	10	20	.51	—	—	—	—	5	3	8	
SQUINT.	... ..	30	38	68	1.45	19	17	36	.92	—	—	—	20	16	36	
HEARING.	20 feet each ear (normal hearing)	—	—	—	—	1811	1894	3705	95.96	—	—	—	—	—	—	—
	20 feet R. ...	—	—	—	—	1844	1895	3739	96.84	—	—	—	—	—	—	—
	L. ...	—	—	—	—	1846	1889	3735	96.73	—	—	—	—	—	—	—
	10 feet R. ...	—	—	—	—	55	47	102	2.64	—	—	—	—	4	6	10
	L. ...	—	—	—	—	52	51	103	2.66	—	—	—	—	4	6	10
5 feet R. ...	—	—	—	—	6	9	15	.38	—	—	—	—	—	—	—	
L. ...	—	—	—	—	8	11	19	.49	—	—	—	—	—	—	—	
INFECTIOUS DISEASES.	No Disease ...	2353	2295	4648	99.59	1938	1975	3913	99.95	4291	4270	8561	99.75	—	—	—
	Infectious Diseases ...	11	8	19	.40	2	—	2	.05	13	8	21	.24	6	2	8
	Other Diseases ...	34	26	60	1.28	21	35	56	1.43	55	61	116	1.35	26	20	46

Review of Action taken to prevent the spread of Infectious Diseases.

(1). Co-operation with Medical Officers of Health.

The school medical service in this county is intimately associated with the medical staff of the sanitary authorities.

There is a regular interchange of information in regard to the occurrence of cases of infectious disease amongst school children. The medical officers of health send to the school medical officer, at the end of each week, the notifications they have received from medical practitioners, and in return they get immediate notice from the school medical officer of all notifications which are made by head teachers. The head teachers' notifications are of great value, as they deal chiefly with the diseases which are not notifiable under the Infectious Diseases (Notification) Act.

The school medical officer advises, by letter, the parents of children known to be suffering from measles, whooping-cough, chicken pox, impetigo and ringworm, of the need for treatment and of the precautions necessary to prevent the spread of infection.

(2.) Exclusion of School Children.

Cases of scarlet fever and diphtheria and suspected cases of this disease are excluded from school, with others from the same house, for six weeks or until the house has been disinfected by the Sanitary Authority. Cases of diphtheria and others from the same house are excluded until they are proved, after bacteriological examination of swabs, to be free from infection.

On the occurrence of a case of measles or whooping-cough coming to the notice of the school medical officer, a circular letter is sent to the head teacher and correspondent of managers of the school advising that all children showing signs of a severe cold in the head or chest should be excluded from school for a week. This is advised because the early symptoms of both measles and whooping-cough are not recognisable from those of an acute coryza. The usual result of this measure is that school attendance becomes rapidly lowered, and owing to the fact that there is no epidemic grant to compensate for low attendance from this cause, it becomes necessary to close the school. The Education Committee have fixed 50 per cent. as the limit at which closure should be advised on educational grounds. It is very likely, however, that it would be safer for the healthy children to remain in attendance at school in time of epidemic prevalence of measles or whooping-cough, when all children with signs of cold have

been excluded. Such a policy would, however, at present, result in too serious a loss of grant for it to be tried.

(3). *Number of Cases of Infectious Diseases notified by the teachers.*

The table given below sets out the details of the cases notified by the school teachers in each month during 1914.

Month.	No. of Exclusions on account of in- fection in the home.	Scarlet Fever.	Diphtheria.	Euteric Fever.	Measles.	Whooping Cough.	Chicken Pox.	Mumps.	German Measles.	Ringworm.	Impetigo.	Scabies.	Total Infectious Diseases.
January ...	249	9	18	1	134	48	27	42	—	28	29	1	337
February ...	158	14	8	2	91	38	23	73	—	39	22	—	310
March ...	290	15	1	—	98	53	45	97	2	44	24	—	379
April ...	237	8	7	—	104	55	25	127	5	25	42	3	401
May ...	209	12	8	—	40	116	25	101	1	22	25	—	350
June ...	145	14	2	—	11	166	41	31	—	32	15	—	312
July ...	197	12	2	1	12	110	23	31	—	36	36	3	266
August ...	21	2	—	—	5	8	—	5	—	2	3	—	25
September ...	97	34	7	—	16	125	6	20	—	28	43	1	280
October ...	201	14	2	—	146	55	76	46	1	12	32	—	384
November ...	275	16	—	—	93	84	95	122	—	16	57	1	484
December ...	186	14	3	—	77	56	44	37	—	10	19	2	262
Total ...	2265	164	58	4	827	914	430	732	9	294	347	11	3790

(4). *School Closure.*

It was found necessary to close 86 schools in 1914, chiefly on account of outbreaks of measles and whooping-cough. In the previous year, altogether 77 schools were closed, 52 being for measles. In 1914 the measles closures dropped to 28, but closures from whooping-cough rose from 10 in

1913, to 34 in 1914. It will be seen from the table given above that measles was especially prevalent in January (the last month of a very wide-spread epidemic in the winter of 1913) and April, and again in October, and that the largest number of cases of whooping-cough were reported from May to September. Only a small number were recorded in August, because notifications, of course, ceased then in most schools, owing to the holidays.

The following table shows the number of closures advised by the District Medical Officers of Health and by the School Medical Officer respectively. The Medical Officers of Health are satisfied that when the exclusions from school, advised in connection with outbreaks of measles and whooping-cough, are carried out by the teachers, closure is not necessary to prevent the spread of infection. The closures are, therefore, mostly advised by the School Medical Officer, on educational grounds, when the attendance has become greatly reduced.

LIST OF CLOSURES.

Reason for Closure. <small>(See page 240)</small>	Schools or Departments.	Closures by District Medical Officers.	Closures by School Medical Officer.
Measles	31	3	28
Scarlet Fever ...	3	1	2
Diphtheria	6	4	2
Whooping Cough ...	34	—	34
Chicken Pox... ..	5	—	5
Influenza	1	—	1
Mumps	14	1	13
German Measles ...	1	—	1
Total	95	9	86

(5). *Disinfection.*

The Education Committee supply disinfectant to all the schools. It is intended to be used for the disinfection of the schoolroom floors, furniture and apparatus, on the occurrence

of cases of infectious disease. Occasionally it is used for disinfecting sawdust which is thrown on the floors before they are swept. This practice is a very good one and ought to be more generally adopted.

A request is often made for the supply of a larger quantity of disinfectant, in order that it may be used in the out-offices. I am of opinion that it is better not to use disinfectant for this purpose, but that greater care should be taken to keep the offices in a sanitary condition by the emptying of the closets at frequent intervals and by keeping the urinals regularly flushed by clean water.

Ameliorative Measures.

School Nursing.

When the Education Committee decided to appoint school nurses, they were approached by the Lincolnshire Nursing Association with a view to the work being done by the district nurses wherever possible, so as to avoid over-lapping in the visiting of homes. The Committee felt that there were certain evident advantages in the employment of these nurses if they were qualified for the work, and they were also anxious to encourage the formation of district nursing associations throughout the county. They, therefore, agreed to entrust school nursing to the Lincolnshire Nursing Association, provided that the Association were willing to undertake the work in the county as a whole. A scheme was prepared, under which thirty-one district nurses and seven whole-time nurses were to be employed, and this proving acceptable to the Education Committee, it was brought into force on the 1st March, 1914.

Miss Pybus, the County Superintendent of Nurses, entered into the working out of the scheme with great enthusiasm, and spared no pains to make it successful, especially devoting herself to the instruction and encouragement of the district nurses who were previously unfamiliar with this special work.

Under the scheme tuberculosis nursing in connection with the County Council's Tuberculosis Dispensaries was also undertaken. At the end of 1914 the scheme was being carried out as at the commencement of the year, except for a few minor alterations in the size and number of the districts. The financial arrangements were very carefully made and a special Sub-Committee of the Lincolnshire Nursing Association was appointed to meet month'y to control the expenditure.

Dr. Passmore, who was mainly responsible for the nursing scheme, was appointed chairman of the Sub-Committee.

The duties of the school nurses were set forth as follows :—

1. Acting on instructions from the School Medical Officer to interview parents with reference to children's ailments, urging them when necessary to seek medical advice as to treatment.

2. In this connection to visit each school at least twice a year in urban districts and once a year in rural districts, the visits to follow as soon after those of the medical inspector as possible.

3. Subsequent visits to the schools or homes following up cases which do not receive immediate medical treatment, to be made if possible monthly, in the urban districts and in the rural districts provided with district nurses, and at least every three months in the rural districts not provided with district nurses.

4. In the case of children suffering from minor ailments such as skin diseases, eye inflammations, ear discharges, etc., reported by the School Medical Officer as requiring attention, to visit the parents as speedily as possible, to explain to them, and when necessary to show them practically how to carry out the treatment recommended by their medical attendant, or by the School Medical Officer. Particular care to be taken to urge parents to obtain medical advice in these cases from their own medical attendant. Subsequent visits to be made as often as required by the School Medical Officer.

5. To instruct children and parents in personal and domestic hygiene.

6. To be responsible for the work involved in the detection and cleansing of verminous conditions amongst school children and to make such visits to the schools and homes as may be considered necessary for this purpose by the School Medical Officer.

7. To present regular reports on the work undertaken as often as may be required by the Education Committee.

During the ten months of work in 1914, the district nurses followed up 749 cases, paying 2,824 visits to the children's homes. The whole-time nurses supervised 1,989 cases and paid 4,114 home visits. This makes a total of 2,738 children with defects followed up, necessitating 6,938 visits. The nurses have all worked most loyally and energetically, and the value of their work is manifest in the large number of children who have obtained treatment for their defects in a

TABLE SHOWING CO-OPERATION OF PARENTS IN THE TREATMENT OF DEFECTS.

CASES.					DISEASE OR DEFECT.																																										
No.	Per cent. Treated.	Per cent. Untreated.	Total Visits.	Vision (including Squint).										External Eye Disease.										Tonsils and Adenoids.					Ear Disease.																		
				No. of Defects.	Result of Treatment.					Untreated.					No. of Defects.	Result of Treatment.					Untreated.					No. of Defects.	Result of Treatment.					Untreated.															
					Remedied.	Improved.	Unchanged.	Total Treated.	Per cent. Treated.	Improved.	No Improvement.	Left School.	Total.	Per cent. Untreated.		Remedied.	Improved.	Unchanged.	Total Treated.	Per cent. Treated.	Improved.	No Improvement.	Left School.	Total.	Per cent. Untreated.		Remedied.	Improved.	Unchanged.	Total Treated.	Per cent. Treated.	Improved.	No Improvement.	Left School.	Total.	Per cent. Untreated.											
1989	58.87	42.73	4114	409	150	5	9	164	40.09	3	179	63	245	59.90	92	34	34	11	79	85.86	2	6	5	13	14.13	667	154	9	25	188	28.18	23	398	58	479	71.81	60	19	20	10	49	81.66	0	9	2	11	18.33
749	58.61	58.34	2824	216	52	9	8	69	31.94	2	121	24	147	68.05	45	13	16	1	30	66.66	1	8	6	15	33.33	283	47	14	11	72	25.44	12	188	11	211	74.55	19	2	7	5	14	73.68	0	4	1	5	26.31
2738	58.80	47.06	6938	625	202	14	17	233	37.27	5	300	87	392	62.72	137	47	50	12	109	79.56	3	14	11	28	20.43	950	207	23	36	260	27.35	35	586	69	690	72.63	79	21	27	15	63	79.74	0	13	3	16	20.25

			Defective Hearing.										Skin Diseases.										Other Diseases.										Defective Clothing and Footgear.									
			No. of Defects.	Result of Treatment.					Untreated.								No. of Defects.	Result of Treatment.					Untreated.								No. of Defects.	Result of Treatment.					Untreated.					
				Remedied.	Improved.	Unchanged.	Total Treated.	Per cent. Treated.	Improved.	No Improvement.	Left School.	Total.	Per cent. Untreated.					Remedied.	Improved.	Unchanged.	Total Treated.	Per cent. Treated.	Improved.	No Improvement.	Left School.	Total.	Per cent. Untreated.					Remedied.	Improved.	Unchanged.	Total Treated.	Per cent. Treated.	Improved.	No Improvement.	Left School.	Total.	Per cent. Untreated.	
continued)	...	...	16	3	1	2	637.50	1	8	1	1062.49	526	344	143	29	51698.09	2	7	1	10	1.90	200	38	70	24	13266.00	3	51	14	6833.99	51	28	9	0	3772.54	0	14	0	1427.45	
ed)...	...	...	9	0	1	2	333.33	1	5	0	666.66	193	148	28	10	18696.37	1	6	0	7	3.62	91	17	23	22	6268.13	3	18	8	2931.86	20	1	2	0	315.00	0	17	0	1784.99	
...	...	...	25	3	2	4	936.00	2	13	1	1664.00	719	492	171	39	70297.63	3	13	1	17	2.36	291	55	93	46	19466.66	6	69	22	9733.33	71	29	11	0	4056.33	0	31	0	3143.66	

county without any special arrangements for the treatment of school children. In 1913 an enquiry elicited the fact that only about 15 per cent. of the defects were treated. I am now able to report that as a result of the nurses' visits 58.8 per cent. received treatment. There was but little difference between the results obtained by the district nurses and the whole-time nurses, namely, 58.61 and 58.87 respectively. Nurse Jenkinson, stationed at Louth, where there is an active Children's Care Committee, had the highest proportion of cases treated.

When the defects are taken separately, there is seen to be a great difference in the number of cases treated. Certain specified defects are set out below in the order of results obtained by following up:—

Defect.			Percentage treated.
Skin Diseases	...	...	97.6
Ear Diseases	...	...	79.7
Eye Diseases	...	...	79.5
Defective Clothing	...	...	56.3
Defective Vision	...	...	37.3
Defective Hearing	...	...	36.0
Tonsils and Adenoids	...	...	27.3

Children with decayed teeth were not followed up owing to the absence of facilities for treatment.

The attached table gives the results in greater detail.

The Education Committee considered in November, 1914, a report on the work of the school nurses, with recommendations as to the formation of Children's Care Committees, the treatment of dental caries, of defective eye sight, and of certain skin diseases. They resolved that the report be approved and adopted, but that the proposals relating to the treatment of dental caries and defective eye sight be postponed for six months. In regard to Children's Care Committees, they decided to recommend school managers throughout the county to form such committees, and agreed to make grants not exceeding one-quarter of any expenditure incurred upon assisting children, who would otherwise be prevented by poverty, ignorance, or neglect, from receiving medical treatment for the ailments from which they are reported to be suffering, the proportion of the Committee's expenditure not to exceed £50 per annum. They also decided to allow an expenditure of £10 per annum upon such drugs and appliances as may be necessary for the treatment of infectious skin diseases and other minor ailments, at the discretion of the School

Medical Officer. These two recommendations will lead, it is hoped, to the formation in 1915 of Children's Care Committees and school clinics.

Review of the Methods adopted for dealing with Blind, Deaf, and Mentally and Physically Defective or Epileptic Children.

Three deaf children were referred to me for medical examination as to their fitness to receive special instruction. They were found to be suitable cases for such education. Two were sent to the Yorkshire Institution for the Deaf, Doncaster. The other will be sent as soon as a vacancy arises.

At the end of the year there were six blind children and twelve deaf children receiving special education.

No mentally or physically defective or epileptic children were sent to special schools in the year.

Examination of Scholarship Candidates, Pupil Teachers and Teachers.

One hundred and nine pupil teachers, candidates for pupil teacherships, bursars and student teachers were medically inspected by me during the year. The inspection included a careful examination of the heart and lungs, the teeth, hearing and eyesight. Sixty, who were of good physique, were passed unconditionally, while forty-nine were passed after satisfactory reports had been received as to treatment obtained for various defects. Of these thirty-five required treatment for dental caries, one for enlarged tonsils, nine for defective eyesight, three required the services of both oculist and dentist, and one had defective eyesight and enlarged tonsils and adenoids.

Four nursing candidates were presented to me for examination during the year and were passed as satisfactory.

